Clear Form

AGENT OF RECORD CHANGE REQUEST

- Complete this form to change the advisor who provides service on an individual life insurance or living benefits policy.
- For Industrial Alliance or Equitable Life please use their carrier specific form
- In order to receive commissions you must obtain the previous advisors release of the business in writing. The release letter must accompany this Agent of Record Change request form; otherwise this will be processed as a "servicing only" request.
- Note: If the owner is other than the insured please obtain signatures of two signing officers and their titles OR 1 signing officer with title and corporate seal. If there is only 1 signing officer please indicate that person is the sole signing officer.
- Please return the completed form to IDC Worldsource Insurance Network for processing.

Client's Full Name:

Client's Policy Numbers:

Carrier:

Please accept this as my authorization to change the servicing advisor on the above mentioned policies to:

New Advisor's Name:

New Advisor's Code:

Dated: _____

Client Signature: _____

Policy Owner Signature: _____ _____
(If other than insured)

_____ _____
Title **Title**